# PANHANDLE HOME HEALTH

A Division of the Panhandle Health District (208) 415-5160 800-226-2053

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Issue 5

#### Mission

To provide compassionate, caring services that enhance the quality of life and the independent function of the residents with home health needs in the five northern counties of Idaho.

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## **Adapting to Changing Health**

Leaving the hospital for home health care retirement years is a relief and a comfort until the questions and the specter begin. How will I pay for home care? Who will take care of me after the nurses leave? What if I can't get my medication delivered? I can't ask my kids to take care of ings me; they're too busy. Who can answer them. A parade these questions for me?

Talking to your doctor is a good place to providers start because your doctor will likely order an appointment for you with a medical social worker, if one is available through your home health provider. At Panhandle Home Health, a division of the Panhandle Health District, the medical social worker is Doug Wells.

"I help patients with choices, resources, coping, adaptation," says Doug, a licensed certified social worker with a master's degree in social work. "Ultimately, they decide what options make the most sense for idea what he does, so he starts off with them."

Doug specializes in helping patients resolve the many issues associated with home health care. He knows the community resources that provide help with meals, medical expenses, transportation to medical appointments, even loneliness. He helps patients adapt to having medical providers in their home and to relinquishing some of their independence for the sake of their health.

"Patients have to find a balance between their vision of rehabilitation and the realistic supports they may need," Doug says. "Sometimes at the beginning of home health care all the adjustments can be overwhelming without help."

The patients Doug visits through Panhandle Home Health are primarily seniors. Most are receiving home health care during rehabilitation from surgery or for chronic conditions such as diabetes, heart conditions or even both. They're still living in their own homes and cherish their independence.

Many have worked hard to secure their

of medical bills wiping out a lifetime of savterrifies of health care and caregivers in their home for weeks or longer is unsettling at



Doctors include a medical social worker in their orders for home health care when they recognize such apprehension in their patients. Doug is ready for the challenge. He typically visits a new patient once for an hour. Many patients have no these welcome words: "I want to find out how you're doing. I'm here to lower your stress."

He chats with patients to determine how much support their family can provide. Panhandle Home Health often works with family members as caregivers along with patients to teach care that can remove their dependence on health care providers. Doug helps families understand the extra demands and figure out how to factor them into their lives.

He helps patients understand that they need to accept help for a while, regardless of how independent they've been in the past. That help may be a son or daughter changing dressings on a wound or a Senior Companion dropping off groceries and staying for a game of gin

Doug explains how Medicaid can help with medical expenses if the patient is eligible and chooses to use that resource. He tells them about volunteer

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groups, such as Senior Companions, that provide rides to medical appointments and help with small household chores.

"I operate from a strengths perspective," Doug says. "We focus on what patients can do and how much more they can do with a little assistance."

While patient needs vary, Doug does find some shared issues. Patients who have just been discharged from a hospital trade the facility's caregivers and their routines for Panhandle Home Health's team of caregivers and their routines. Doug reminds patients they're still in charge of their lives by asking them when they have time to meet with him.

Most patients also have family, friends and others who want to help any way they can so they offer well-intentioned advice and information that may conflict with the doctor's orders.

"They have a lot coming at them and it's confusing," Doug says. "I suggest they discuss their confusion with a doctor or nurse. Patients are in charge of their decision-making. I encourage them to be well-informed when they make a decision."

Doug visits most patients once and receives periodic updates on their progress from the nurses providing care. For those who need it, he demonstrates how to arrange a service from a community resource. For example, he'll call Meals on Wheels so the patient can hear the process for participating in the program. If no one answers, Doug writes a script for the patient so

she has the information she needs to arrange the service herself.

Some patients' concerns are more complicated and Doug schedules a second and, sometimes, a third visit. His goal is to help patients recognize and pursue possibilities that will improve their living situation.

To help reach that goal, Doug encourages patients to plan for the short-term and the long-term. Solutions for the short-term might include arranging delivery of prescriptions and adapting life to include medical providers in the home. For long-term goals, a patient who can't golf anymore might consider exploring a new interest such as painting or writing.

"I learn so much from my patients," Doug says. "Everyone has strengths. They inspire me."

Doug has devoted more than 30 years to helping people adjust to unexpected changes in their lives. He's learned to find out what patients value and what has meaning for them. He wants patients to know they're in charge, that he's there to help but the choices are theirs.

"I believe a fulfilling life entails using your skills to the benefit of others," he says. "I find every patient, every family I meet exciting, challenging. I have no pre-set routine. I'm there to support and facilitate their hopes and aspirations."

For more information on Panhandle Home Health's medical social work services, call (208) 415-5160 or 800-226-2053 or visit www.phd1.idaho.gov.

### From "Caring" Magazine:

 Home care is less expensive than other types of care. Studies worldwide show home care is always far less expensive than hospital care and almost always less costly than nursing home placement.



### PHH patients say:

- ◆ "They treat me like family."
- "I will never forget my case manager's kindness, calm manner and excellent skills."
- \* "All of the people who have worked with us have been superb."

## Meet the Home Health Staff



Rusty Wood is as loyal to his community as it gets. Shoshone County-born and raised, Rusty left to earn his master's degree in physical therapy and now is Panhandle Home Health's physical therapist in Shoshone County. He returned home after finishing first in his

class at Idaho State University's Physical Therapy Masters Program.

Rusty has worked with Panhandle Home Health for

10 years. He specializes in geriatric rehabilitation and therapy for orthopedic surgeries such as knee and hip replacements and rotator cuff repairs. Helping people regain strength and movement following an injury, illness or surgery is his passion and motivates him to regularly attend workshops on best practices and new advances in therapy.

Rusty works with people of all ages and diagnoses, using his skills to motivate his patients to achieve their goals and improve their quality of life.